

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Monham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

95 JUL 21 PM 12: 41

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # 412002 (8)
 1. Corporation Name
MCCAMMON, INCORPORATED

Principal Place of Business Mailing Address
2222 PALM VIEW POST OFFICE BOX 915073
APOPKA FL 32712 LONGWOOD FL 32791-5073
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/02/1972** 3a. Date of Last Report **08/15/1994**

4. FEI Number **59-1420167** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **234 RIVER VILLAGE DR**
 22 City & State 27 **DEBARY, FL**
 23 Zip 28 **32713** 30 **USA**

9. Name and Address of Current Registered Agent
SHUMAN, SHARON W.
3165 FOXWOOD DR.
APOPKA FL 32703

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607 0505, Florida Statutes.

SIGNATURE _____ (Type or printed name of registered agent and their address) _____ (Type or printed name of corporation president and their address) _____ (Date)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	MCCAMMON, GEORGE W
STREET ADDRESS	POST OFFICE BOX 915073 N/A
CITY, ST, ZIP	LONGWOOD, FL 00000
TITLE	S
NAME	MCCAMMON, MARY A
STREET ADDRESS	POST OFFICE BOX 915073 N/A
CITY, ST, ZIP	LONGWOOD, FL 00000
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	234 RIVER VILLAGE DR.
14 CITY, ST, ZIP	DEBARY, FL 32713
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	234 RIVER VILLAGE DR.
24 CITY, ST, ZIP	DEBARY, FL 32713
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary A. McCammon*
 (Type or printed name of signing officer or director)

7-18-95 407-668-0872
 (Date) (Phone)

CR2E034 (3/95)